

<i>SERFF Tracking Number:</i>	<i>FDLB-126408426</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Colorado Bankers Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44346</i>
<i>Company Tracking Number:</i>	<i>AH-12/16-AFX31109/AR</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Individual Life Insurance Application</i>		
<i>Project Name/Number:</i>	<i>Individual Life Insurance Application/A-FX-3 11-09</i>		

Filing at a Glance

Company: Colorado Bankers Life Insurance Company

Product Name: Individual Life Insurance SERFF Tr Num: FDLB-126408426 State: Arkansas

Application

TOI: L08 Life - Other SERFF Status: Closed-Approved- State Tr Num: 44346
Closed

Sub-TOI: L08.000 Life - Other Co Tr Num: AH-12/16- State Status: Approved-Closed
AFX31109/AR

Filing Type: Form Reviewer(s): Linda Bird
Author: Antionette Hill Disposition Date: 01/06/2010
Date Submitted: 12/16/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Individual Life Insurance Application

Project Number: A-FX-3 11-09

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: The forms in this submission are exempt from filing in the company's home state of Colorado and are not required to be filed and/or approved.

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 01/06/2010

Created By: Antionette Hill

Corresponding Filing Tracking Number:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 01/06/2010

Deemer Date:

Submitted By: Antionette Hill

Filing Description:

Re:

Colorado Bankers Life Insurance Company

NAIC #84786 - FEIN #84-0674027

New Form Filing

SERFF Tracking Number: FDLB-126408426 State: Arkansas
Filing Company: Colorado Bankers Life Insurance Company State Tracking Number: 44346
Company Tracking Number: AH-12/16-AFX31109/AR
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Individual Life Insurance Application
Project Name/Number: Individual Life Insurance Application/A-FX-3 11-09

FORM NUMBER: A-FX-3 11-09

FORM NAME/DESCRIPTION: Preferred Golden Protector/Individual Life Insurance Application

Dear Reviewer:

Our sister Company, Colorado Bankers Life Insurance Company, (CBLIC), has requested Fort Dearborn Life Insurance Company to assist them with the filing of their new application for the Preferred Golden Protector, an individual whole life insurance policy. The policy was approved for use in your state on April 16, 1999.

The form is considered exempt in CBLIC's home state of Colorado and is not required to be filed and/or approved.

The following supporting documents will be used with form no. A-FX-3 11-09 and are attached under the Supporting Documents tab for informational purposes:

Fraud Notice
Information Disclosure Notice
Agent Report

If you have any questions or need additional information, please contact me at 1-800-348-4512, extension 6064, or by email at Antionette_Hill@fdlic.com. (After 1/1/2010 my email address will change to Antionette_Hill@dearbornnational.com).

Company and Contact

Filing Contact Information

Antionette Hill, Advanced Contract Specialist Antionette_Hill@fdlic.com
1020 31st Street 800-633-3696 [Phone] 6064 [Ext]
Downers Grove, IL 60515 630-824-5428 [FAX]

Filing Company Information

Colorado Bankers Life Insurance Company	CoCode: 84786	State of Domicile: Colorado
5990 Greenwood Plaza Blvd., #325	Group Code: 917	Company Type: Life and Health
Greenwood Village, CO 80111	Group Name:	State ID Number:
(303) 220-8500 ext. [Phone]	FEIN Number: 84-0674027	

Filing Fees

Fee Required? Yes
Fee Amount: \$20.00

SERFF Tracking Number: FDLB-126408426 State: Arkansas
Filing Company: Colorado Bankers Life Insurance Company State Tracking Number: 44346
Company Tracking Number: AH-12/16-AFX31109/AR
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Individual Life Insurance Application
Project Name/Number: Individual Life Insurance Application/A-FX-3 11-09
Retaliatory? No
Fee Explanation: \$20 for other forms filed separately from the policy.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Colorado Bankers Life Insurance Company	\$20.00	12/16/2009	32843880

SERFF Tracking Number:	FDLB-126408426	State:	Arkansas
Filing Company:	Colorado Bankers Life Insurance Company	State Tracking Number:	44346
Company Tracking Number:	AH-12/16-AFX31109/AR		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Individual Life Insurance Application		
Project Name/Number:	Individual Life Insurance Application/A-FX-3 11-09		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/06/2010	01/06/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	12/18/2009	12/18/2009	Antionette Hill	01/05/2010	01/05/2010

<i>SERFF Tracking Number:</i>	<i>FDLB-126408426</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Colorado Bankers Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44346</i>
<i>Company Tracking Number:</i>	<i>AH-12/16-AFX31109/AR</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Individual Life Insurance Application</i>		
<i>Project Name/Number:</i>	<i>Individual Life Insurance Application/A-FX-3 11-09</i>		

Disposition

Disposition Date: 01/06/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	FDLB-126408426	State:	Arkansas
Filing Company:	Colorado Bankers Life Insurance Company	State Tracking Number:	44346
Company Tracking Number:	AH-12/16-AFX31109/AR		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Individual Life Insurance Application		
Project Name/Number:	Individual Life Insurance Application/A-FX-3 11-09		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Third Party Authorization		Yes
Supporting Document (revised)	Supporting Documents for Application		Yes
Supporting Document	Supporting Documents for Application	Replaced	Yes
Form	Application for [Preferred Golden Protector]		Yes

SERFF Tracking Number: FDLB-126408426 *State:* Arkansas
Filing Company: Colorado Bankers Life Insurance Company *State Tracking Number:* 44346
Company Tracking Number: AH-12/16-AFX31109/AR
TOI: L08 Life - Other *Sub-TOI:* L08.000 Life - Other
Product Name: Individual Life Insurance Application
Project Name/Number: Individual Life Insurance Application/A-FX-3 11-09

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 12/18/2009
Submitted Date 12/18/2009
Respond By Date 01/18/2010

Dear Antionette Hill,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Ark. Code Ann. 23-66-503(a) requires a statement in an application substantially the same as that included in the statute.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: FDLB-126408426 State: Arkansas
Filing Company: Colorado Bankers Life Insurance Company State Tracking Number: 44346
Company Tracking Number: AH-12/16-AFX31109/AR
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Individual Life Insurance Application
Project Name/Number: Individual Life Insurance Application/A-FX-3 11-09

Response Letter

Response Letter Status Submitted to State
Response Letter Date 01/05/2010
Submitted Date 01/05/2010

Dear Linda Bird,

Comments:

Response 1

Comments: The fraud warning page has been revised to include the appropriate fraud statement for Arkansas.

Related Objection 1

Comment:

Ark. Code Ann. 23-66-503(a) requires a statement in an application substantially the same as that included in the statute.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Supporting Documents for Application

Comment: The fraud warning page has been revised to include the appropriate fraud statement for Arkansas.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Antionette Hill

SERFF Tracking Number: FDLB-126408426 State: Arkansas

Filing Company: Colorado Bankers Life Insurance Company State Tracking Number: 44346

Company Tracking Number: AH-12/16-AFX31109/AR

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

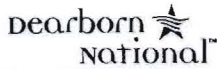
Product Name: Individual Life Insurance Application

Project Name/Number: Individual Life Insurance Application/A-FX-3 11-09

Form Schedule

Lead Form Number: A-FX-3 11-09

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	A-FX-3 11-09	Application/ Enrollment Form	Application for [Preferred Golden Protector]	Initial		50.700	A-FX-3 11-09 filing version.pdf



1. PROPOSED INSURED AND BENEFICIARY INFORMATION

Last Name			First Name			MI	Phone Number for Contact		
Social Security Number			Age	Sex	Date of Birth	State of Birth	Height	Weight	Day Phone:
									Evening Phone:
									Best Time To Call:
Primary Street Address					City		County	State	Zip Code
Email					Occupation				

Secondary Addressee Option. Provide name and complete address. *Under this option, we will send the Secondary Addressee a notice of the lapse of this insurance*

PRIMARY BENEFICIARY – Name/Relationship

CONTINGENT BENEFICIARY – Name/Relationship

2. OWNER (If Other than Proposed Insured)

Last Name			First Name			MI	Tax ID# or Social Security #		
Primary Street Address					City		County	State	Zip Code
Relationship to Proposed Insured					Email				

3. INSURANCE APPLIED FOR

Plan: ☐ Plan I – Level Death Benefit ☐ Plan II – Graded Death Benefit Face Amount \$ _____

4. RIDERS (Not Available in All States)

☐ Accidental Death Benefit ☐ Waiver of Premium for Hospital or Nursing Home Confinement (for Plan I only)

5. PREMIUM AND BILLING INFORMATION

A. Premium Information

1. Premium\$ _____

2. Premium Mode: **Direct Billing**

☐ Quarterly ☐ Semi-Annual ☐ Annual

Other Billing – Must complete a separate payment authorization

☐ Monthly EFT ☐ Payroll Deduction ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly

B. Payment With Application\$ _____

C. Automatic Premium Loan ☐ Yes ☐ No

By selecting this option a loan may be made against the cash value of the policy to pay premiums if the premium has not otherwise been paid.

6. HEALTH INFORMATION (Circle any condition which applies and for any "YES" answer give complete details in Section 6, Part IV)

Part I: If the Proposed Insured answers any question in this Part I: "YES", the Proposed Insured is not eligible for coverage.

- Is the Proposed Insured currently: hospitalized, bedridden, confined to a nursing facility, receiving Hospice or Home Health care, waiting for organ transplant, or confined to a wheelchair? ☐ Yes ☐ No
- Has the Proposed Insured ever had or ever been diagnosed or treated for Alzheimer's disease or dementia? ☐ Yes ☐ No
- Has Proposed Insured ever tested positive for exposure to the HIV infection or ever been diagnosed as having ARC or AIDS caused by the HIV infection? ☐ Yes ☐ No
- In the past 3 years, has the Proposed Insured had or been treated for: internal cancer, malignant melanoma or leukemia? ☐ Yes ☐ No
- In the past 3 years, has the Proposed Insured had or been treated for:
 - Heart surgery, heart attack, stroke, aneurysm or angina (chest pain)? ☐ Yes ☐ No
 - A drug or alcohol dependency/habit, treatment for alcoholism or drug addiction, or used oxygen to assist in breathing? ☐ Yes ☐ No

Part II: If the Proposed Insured answers any question in this Part II: "YES", the Proposed Insured may be eligible for Plan II only.

- In the past 3 years, has the Proposed Insured had or been treated for or taken medication for:
 - Emphysema, Pulmonary Fibrosis, Asthma, or any chronic lung disease (COPD). any other lung or respiratory disorder? ☐ Yes ☐ No
 - Kidney disease, kidney failure, kidney dialysis, cirrhosis or other liver disease? ☐ Yes ☐ No
 - Parkinson's Disease, Multiple Sclerosis (MS), Sarcoidosis, or Lupus? ☐ Yes ☐ No
 - Brain tumor, pacemaker, or congestive heart failure? ☐ Yes ☐ No
 - (1) insulin controlled diabetes or (2) both high blood pressure and orally controlled diabetes? ☐ Yes ☐ No
 - Cerebral Palsy, Down Syndrome, Mental Retardation, Muscular Dystrophy, Spina Bifida, or Sickle Cell Anemia? ☐ Yes ☐ No
 - Any heart or circulatory disorder not already disclosed in any of the answers given? ☐ Yes ☐ No
- In the past 3 years, has the Proposed Insured taken medication for a heart attack or stroke that was not already disclosed in any of the answers already given? ☐ Yes ☐ No

6. HEALTH INFORMATION (Circle any condition which applies and for any "YES" answer give complete details in Section 6, Part IV)**Part III:**

8. Has the Proposed Insured used tobacco products in the past 12 months? ☐ Yes ☐ No
9. In the past 3 years, has the Proposed Insured been hospitalized, consulted a physician, or received treatment for an illness or injury, including a nervous or mental disorder, other than as indicated in the answers already given? ☐ Yes ☐ No
10. Within the last 90 days, has the Proposed Insured, if not retired, been unemployed or worked for wages or income less than 30 hours per week? ☐ Yes ☐ No
11. Are you currently taking or been advised to take prescription drugs, other than as indicated in the answers already given? ☐ Yes ☐ No
If so, state the drug(s) and prescribing physician below.

Part IV:

Question #	Nature of Condition	Date and Duration	Medication	Name of Doctor, Hospital or Facility	Address and Telephone Number

7. REPLACEMENT INFORMATION

- A. Do you have any existing life insurance or annuity coverage? ☐ Yes ☐ No
- B. If yes, is this insurance intended to replace or change any of that existing life insurance or annuity coverage? ☐ Yes ☐ No

8. GENERAL INFORMATION

- (A) **I (we) state** that the information given in this application is true to the best of my (our) knowledge and belief. **I (we) agree** that this application will be the basis for and part of any insurance issued from it.
- (B) **I (we) understand** the insurance applied for will take effect on the application date; but, Colorado Bankers Life Insurance Company ("CBL") will have no liability under this application unless and until it is approved by **CBL** and the first premium is paid or an authorization for its payment has been signed by the applicant while the health and other conditions affecting the insurability of the Proposed Insured are as described in this application. No change in amount, classification, plan of insurance, age at issue, or benefits will be effective unless agreed to in writing by the Applicant.
- (C) **I (we) understand** that if **Plan II** is applied for: (a) the death benefit for a non-accidental death: (i) in the first policy year will be 30% of the full death benefit; and (ii) in the second policy year will be 70% of the full death benefit; (b) after the second year, the full death benefit is payable for any cause; and (c) there is no reduction in benefit for accidental deaths during the first two policy years.
- (D) **I (we) understand** that benefits may be denied during the first 2 years after the insurance applied for is issued if: (a) I (we) did not give true and complete answers in this application; or (b) the Proposed Insured's health, given in this application, changes before the first premium for the insurance applied for is paid or properly authorized.
- (E) **I (we) understand** that the agent is not authorized to: (a) accept risks or pass on a Proposed Insured's qualifications for insurance; (b) make or change insurance contracts; or (c) waive any of **CBL's** rights or requirements, including the requirement that an adult Proposed Insured personally must sign the application in the agent's presence.
- (F) **I (we) acknowledge** receipt of the **Information Disclosure Notice** required by the Fair Credit Reporting Act.
- (G) **I (the person to be insured) authorize** any physician, medical practitioner, pharmacists, pharmacy benefits managers, hospital, clinic, nurses, health maintenance organization, including Mayo, Kaiser Foundation, Veterans Administration or other medical or medically related facility, insurance company or the Medical Information Bureau, or other organization, institute, or person that has any records or knowledge of me or my family, or our health, medical history or physical condition, to give to Colorado Bankers Life Insurance Company, its reinsurers, agents, contractors, employees, representatives, affiliates, and assigns as necessary any such information including psychiatric histories, pharmacy prescriptions and to testify as to such information. I understand I may revoke this authorization at any time, by requesting such action of **CBL** and/or the other party to whom such revocation is to apply, in writing, unless action has already been taken in reliance upon this authorization, or during a contestability period under applicable law. A photostatic copy of this authorization will be as valid as the original, and I, or my representative, can obtain a copy on request. I also understand that when my medical records are disclosed pursuant to the authorization the information contained in those records may become subject to further disclosure by **CBL**. In such case, the information may no longer be protected by the rules governing this authorization. This authorization is valid for twenty-four (24) months after the date it was signed.

_____ (Applicant's Initials) **I (Applicant/Owner) authorize CBL, if I have given my email address in this application, to send all present and future notices regarding the insurance applied for, to me at that email address. I may revoke this authorization at any time by sending a written notice to CBL to do so.**

DATED AT _____ CITY _____ STATE _____ THIS _____ DAY OF _____, 20 ____.

Applicant/Owner's Signature

Print Proposed Insured's Name

Proposed Insured's Signature (if different than Applicant)

SERFF Tracking Number:	FDLB-126408426	State:	Arkansas
Filing Company:	Colorado Bankers Life Insurance Company	State Tracking Number:	44346
Company Tracking Number:	AH-12/16-AFX31109/AR		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Individual Life Insurance Application		
Project Name/Number:	Individual Life Insurance Application/A-FX-3 11-09		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	
Comments:		
Attachment:		
AR Compliance Certification.pdf		

	Item Status:	Status Date:
Bypassed - Item:	Application	
Bypass Reason:	This requirement is being bypassed because a policy is not included in the submission.	
Comments:		

	Item Status:	Status Date:
Satisfied - Item:	Third Party Authorization	
Comments:		
Attachment:		
CBL Authorization Letter.pdf		


	Item Status:	Status Date:
Satisfied - Item:	Supporting Documents for Application	
Comments:	The fraud warning page has been revised to include the appropriate fraud statement for Arkansas.	
Attachment:		
Supporting Document - A-FX-3 11-09 122809.pdf		

COLORADO BANKERS LIFE INSURANCE COMPANY

CERTIFICATION OF COMPLIANCE

I, Victoria E. Fimea, Corporate Secretary of Colorado Bankers Life Insurance Company, hereby certify that, to the best of my knowledge, this submission meets the provisions of Rule & Regulation 19, Rule & Regulation 49, ACA 23-80-206 and ACA 23-79-138, as well as all applicable requirements of the Arkansas Department of Insurance.

Colorado Bankers Life Insurance Company

By: 
Victoria E. Fimea
Corporate Secretary

Date: December 15, 2009

5990 Greenwood Plaza Boulevard, Suite 325 • Greenwood Village, Colorado 80111 • (800) 367-7814 • Fax (303) 220-8056

December 15, 2009

Re: Colorado Bankers Life Insurance Company
NAIC #84786 - FEIN #84-0674027
New Form Filing –
Individual Life Insurance Application – Form A-FX-3 11-09

Dear Reviewer:

I authorize Fort Dearborn Life Insurance Company to file the captioned forms on behalf of Colorado Bankers Life Insurance Company.

Very truly yours,



Victoria E. Fimea
Corporate Secretary

INFORMATION DISCLOSURE NOTICE

Information regarding the Proposed Insured's ("you", "your") insurability will be treated as confidential. Colorado Bankers Life Insurance Company, ("CBL") or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is [50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734].

Colorado Bankers Life Insurance Company, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

As a part of our normal procedure for processing your application for insurance, an investigative consumer report may be obtained which will provide applicable information concerning character, general reputation, personal characteristics, and mode of living. This information will be obtained through personal interviews with your friends, neighbors and associates. You are entitled to receive a copy of the investigative report, if any. You may request to be interviewed in connection with the preparation of an investigative consumer report. You are entitled to receive a copy of the investigative consumer report

Upon written request to the Underwriting Department of Colorado Bankers Life Insurance Company, you may: (1) receive further information on the nature and scope of any investigative consumer report, and/or (2) find out what information the Company has obtained, how to get copies and how to request changes and corrections of that information.

Colorado Bankers Life Insurance Company
5990 Greenwood Plaza Boulevard
Greenwood Village, Colorado 80111
303-220-8500

This pre-written notice must be detached and left with the Proposed Insured.

FRAUD NOTICE

Please read the statement applicable for your State.

Colorado – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

District of Columbia – WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, any insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida – Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii – For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both: The absence of such a warning in any application or claim form shall not constitute a defense to a charge of insurance fraud under this section.

Kentucky – Any person who knowingly and with intent to injure, defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana, Arkansas – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maryland – Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Massachusetts – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio – Any person who with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma – WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties.

Rhode Island – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington, Maine – It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

9. AGENT REPORT (This must be fully completed, signed and returned with the Application)

I certify that to the best of my knowledge:

1. All answers given in this application are true and complete;
2. I personally saw the Proposed Insured at the time this application was signed;
3. I correctly asked all the questions in this application and correctly recorded all the answers given;
4. I know of no factor affecting the insurability of the Proposed Insured(s), except as stated in this application;
5. The signature of the Applicant/Owner and/or the Proposed Insured (if applicable) are what they are represented to be and were signed in my presence;
6. The applicant: ☐ **DOES** ☐ **DOES NOT** have any existing life insurance or annuities; and
7. The insurance applied for in this application ☐ **WILL** ☐ **WILL NOT** change or replace any existing insurance or annuity.
8. If the insurance applied for will replace any insurance, I gave the applicant a copy of all sales materials used in the sale of the insurance applied for, as required by applicable law.

Agent Signature

Date

Agent Name Printed

Print Proposed Insured's Name

Date Application Signed by Proposed Insured

<i>SERFF Tracking Number:</i>	<i>FDLB-126408426</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Colorado Bankers Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44346</i>
<i>Company Tracking Number:</i>	<i>AH-12/16-AFX31109/AR</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Individual Life Insurance Application</i>		
<i>Project Name/Number:</i>	<i>Individual Life Insurance Application/A-FX-3 11-09</i>		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
12/16/2009	Supporting Document	Supporting Documents for Application	01/05/2010	Supporting Document - A-FX-3 11-09.pdf (Superceded)

INFORMATION DISCLOSURE NOTICE

Information regarding the Proposed Insured's ("you", "your") insurability will be treated as confidential. Colorado Bankers Life Insurance Company, ("CBL") or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is [50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734].

Colorado Bankers Life Insurance Company, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

As a part of our normal procedure for processing your application for insurance, an investigative consumer report may be obtained which will provide applicable information concerning character, general reputation, personal characteristics, and mode of living. This information will be obtained through personal interviews with your friends, neighbors and associates. You are entitled to receive a copy of the investigative report, if any. You may request to be interviewed in connection with the preparation of an investigative consumer report. You are entitled to receive a copy of the investigative consumer report

Upon written request to the Underwriting Department of Colorado Bankers Life Insurance Company, you may: (1) receive further information on the nature and scope of any investigative consumer report, and/or (2) find out what information the Company has obtained, how to get copies and how to request changes and corrections of that information.

Colorado Bankers Life Insurance Company
5990 Greenwood Plaza Boulevard
Greenwood Village, Colorado 80111
303-220-8500

This pre-written notice must be detached and left with the Proposed Insured.

FRAUD NOTICE

Please read the statement applicable for your State.

Colorado – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

District of Columbia – WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, any insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida – Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii – For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both: The absence of such a warning in any application or claim form shall not constitute a defense to a charge of insurance fraud under this section.

Kentucky – Any person who knowingly and with intent to injure, defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maryland – Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Massachusetts – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio – Any person who with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma – WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties.

Rhode Island – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington, Maine – It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

9. AGENT REPORT (This must be fully completed, signed and returned with the Application)

I certify that to the best of my knowledge:

1. All answers given in this application are true and complete;
2. I personally saw the Proposed Insured at the time this application was signed;
3. I correctly asked all the questions in this application and correctly recorded all the answers given;
4. I know of no factor affecting the insurability of the Proposed Insured(s), except as stated in this application;
5. The signature of the Applicant/Owner and/or the Proposed Insured (if applicable) are what they are represented to be and were signed in my presence;
6. The applicant: ☐ **DOES** ☐ **DOES NOT** have any existing life insurance or annuities; and
7. The insurance applied for in this application ☐ **WILL** ☐ **WILL NOT** change or replace any existing insurance or annuity.
8. If the insurance applied for will replace any insurance, I gave the applicant a copy of all sales materials used in the sale of the insurance applied for, as required by applicable law.

Agent Signature

Date

Agent Name Printed

Print Proposed Insured's Name

Date Application Signed by Proposed Insured